

VCSA SENDS

SUBJECT: RECENT ARMY SUICIDE TRENDS

1. SITUATION: SO FAR IN CALENDAR YEAR 2011, OUR ARMY HAS LOST 62 ACTIVE DUTY SOLDIERS TO SUICIDE. THIS MONTH ALONE WE HAVE LOST 13 ACTIVE DUTY SOLDIERS AND AN ADDITIONAL 18 IN APRIL 2011, 12 MORE THAN THE SAME PERIOD IN 2010.* WE MUST BE COGNIZANT OF THIS TRAGIC INCREASE AS OUR SENIOR LEADERS STRIVE TO MITIGATE STRESSORS ON THE FORCE. OUR COMMITMENT TO DATE HAS RESULTED IN REAL CHANGES TO OUR POLICY, PROGRAMS AND PROCESSES, WITH MEASURABLE REDUCTIONS IN OUR HIGH-RISK POPULATION. AS WE WORK TOGETHER TO ENACT ADDITIONAL CHANGES, I ASK ALL OF YOU TO REMAIN VIGILANT OF EMERGING HIGH-RISK AND SELF-HARMING BEHAVIOR.

2. THE HQDA HEALTH PROMOTION & RISK REDUCTION TASK FORCE (HP&RR TF) HAS REVIEWED RECENT ACTIVE DUTY SUICIDES AND IDENTIFIED TWO POTENTIAL AREAS OF CONCERN: THE RISING SUICIDE RATE AMONG SOLDIERS WITH A SUPPORT MOS AND SOLDIERS LIVING ALONE IN OFF-POST HOUSING, ISOLATED FROM ARMY COMMUNITIES, UNITS AND BATTLE-BUDDIES. BOTH OF THESE TRENDS MAY INDICATE OUR CONTINUED CHALLENGE TO INTEGRATE SOLDIERS INTO COMMUNITY, UNIT AND FAMILY SUPPORT SYSTEMS. WITHOUT PROPER INTEGRATION, ARMY SURVEILLANCE, DETECTION AND RESPONSE SYSTEMS ARE UNABLE TO INFORM LEADERS IN THEIR EFFORTS TO MITIGATE HIGH RISK BEHAVIOR.

A. LEADERS AT ALL LEVELS MUST ESTABLISH AND SUSTAIN VIABLE SPONSORSHIP PROGRAMS PURSUANT TO AR 600-8-8, THE TOTAL ARMY SPONSORSHIP PROGRAM, FOR BOTH DEPARTING AND ARRIVING SOLDIERS (AND THEIR FAMILIES) TO ENSURE NO GAPS IN ARMY SUPPORT SYSTEMS. LEADERS SHOULD PAY PARTICULAR ATTENTION TO SUPPORT SOLDIERS TRANSITIONING INTO UNITS SHORTLY BEFORE DEPLOYMENT TO ENSURE PROPER INTEGRATION AND TEAM COHESION.

B. SOLDIERS WHO MAY BE SEPARATED FROM THEIR FAMILIES AND/OR RESIDING ALONE IN OFF-POST HOUSING APPEAR TO BE AT INCREASED RISK. LEADERS AT ALL LEVELS SHOULD TAKE ADDITIONAL MITIGATION EFFORTS TO MAINTAIN VISIBILITY AND ACCOUNTABILITY OF THESE SOLDIERS.

3. WHEN IT COMES TO SUICIDE AND OTHER HIGH-RISK BEHAVIOR, WE CANNOT AFFORD TO RELEARN PAST LESSONS. INCUMBENT LEADERS MUST TRAIN AND FAMILIARIZE NEW LEADERS WITH THE PRINCIPLES DISCUSSED IN CHAPTER THREE OF THE TASK FORCE'S JULY 2010 REPORT (THE LOST ART OF LEADERSHIP IN GARRISON). THE REPORT CAN BE ACCESSED AT WWW.PREVENTSUICIDE.ARMY.MIL IN THE COMMANDER'S TOOL KIT. THE REPORT EMPHASIZES THE NEED FOR LEADERS TO RESPOND WHEN SOLDIERS ENGAGE IN RISKY BEHAVIOR – FIRST TO PROTECT THEIR HEALTH

AND THEN TO HOLD THEM ACCOUNTABLE AS APPROPRIATE. THE LESSONS IN LEADERSHIP PRESENTED IN THIS CHAPTER ARE STILL RELEVANT TODAY AND CRITICALLY VITAL TO THE HEALTH OF THE FORCE.

4. COMMANDERS, LEADERS AND PROGRAM MANAGERS SHOULD ALSO ENSURE THAT KEY CHANGES TO ARMY POLICIES AND PROGRAMS INITIATED BY THE HP&RR TF ARE BEING IMPLEMENTED AT ALL LEVELS, INCLUDING:

A. SHARING OF RELEVANT INFORMATION BETWEEN MEDICAL PROVIDERS AND COMMANDERS (ALARACT 160/2010, 28 MAY 10);

B. ENSURING SOLDIERS UNDERSTAND THAT CONTROLLED SUBSTANCE PRESCRIPTIONS WILL HAVE AN EXPIRATION DATE AND THAT A POSITIVE URINALYSIS AFTER THE PRESCRIPTION EXPIRATION DATE MAY RESULT IN AN ILLICIT-DRUG USE FINDING (ALARACT 062/2011, 23 FEB 11 AS MODIFIED BY ALARACT 174/2011, 26 APR 11);

C. ENSURING TIMELY REPORTING OF COMMAND INTERVENTION IN RESPONSE TO HIGH-RISK BEHAVIOR. THE COMPLIANCE RATE FOR THE COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION (DA FORM 4833) FOR SERIOUS OFFENSES IS 68% (81% FOR ALL OFFENSES) AND THE REFERRAL RATE TO ASAP FOR POSITIVE URINALYSIS IS ONLY 72% FOR CALENDAR YEAR 11. WE MUST DO BETTER;

D. ENSURING THAT SOLDIERS SUBJECT TO INVESTIGATIVE / LEGAL ACTIONS ARE MONITORED FOR SIGNALS OF HIGH-RISK BEHAVIOR OR SELF-HARM;

E. REINFORCING THE REQUIREMENTS OF AR 600-85 CONCERNING INITIATION OF SEPARATION ACTIONS FOR SOLDIERS WITH POSITIVE URINALYSIS (ALARACT 189/2011, 10 MAY 11);

F. ENCOURAGING INCREASED COMMUNICATION AND SYNCHRONIZATION BETWEEN COMMANDERS AND MEDICAL/LAW ENFORCEMENT /LEGAL PROVIDERS TO ENSURE A "WARM HAND-OFF" OF AT-RISK SOLDIERS AND FAMILIES;

G. TIMELY SUBMISSION OF THE COMMANDER'S REPORT OF SUICIDE OR SUSPECTED SUICIDE (31 LINER) TO THE HP&RR TF. THE 31-LINER PROVIDES VISIBILITY TO HQDA FOR CENTRALIZED ANALYSIS, WHILE ENSURING THAT SENIOR LEADERS AT ALL LEVELS HAVE A COMPLETE PICTURE OF THESE COMPLEX ACTS.

5. FINALLY, I APPRECIATE THE ACTIONS WE HAVE TAKEN TOGETHER TO PROMOTE THE HEALTH OF THE FORCE. WE MUST CONTINUE TO TAKE CARE OF OUR SOLDIERS AND INTERVENE WHEN NECESSARY TO ADDRESS HIGH-RISK BEHAVIOR, REGARDLESS OF WHETHER THEY ARE DEPLOYED OR AT HOME STATION.

6. QUESTIONS REGARDING THE ABOVE SHOULD BE DIRECTED TO THE ARMY HEALTH PROMOTION & RISK REDUCTION TASK FORCE, 703-601-9540.

***With active duty providing initial indicators we continue to monitor our RC population.**